

AO 240 (Rev. 10/03)  
DELAWARE (Rev. 4/05)UNITED STATES DISTRICT COURT  
DISTRICT OF DELAWAREROBERT R. MEADES

Plaintiff

RON HOSKERMAN, ET AL

Defendant(s)

APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT

CASE NUMBER: 06 - 6184

1. ROBERT R. MEADES declare that I am the (check appropriate box)

☒ Petitioner/Plaintiff/Movant      ☐ Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes      ☐ No (If "No" go to Question 2)

If "YES" state the place of your incarceration DELAWARE CORR. CENTER *BD scanned*  
SMYRNA, DE. 19977

Inmate Identification Number (Required): 124648

Are you employed at the institution? NO Do you receive any payment from the institution? NO

Attach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions

2. Are you currently employed? ☐ Yes      ☒ No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period a and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Rent payments, interest or dividends	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Pensions, annuities or life insurance payments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Disability or workers compensation payments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Gifts or inheritances	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Any other sources	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

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DELAWARE (Rev. 4/05)

4. Do you have any cash or checking or savings accounts?

• • Yes

☒ No

If "Yes" state the total amount \$ \_\_\_\_\_

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

• • Yes

☒ No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state NONE if applicable.

D. W. Mother  
B. C. Daughter  
B. C. Daughter

I declare under penalty of perjury that the above information is true and correct.

9/28/06  
DATE

Robert R. Mendes  
SIGNATURE OF APPLICANT

**NOTE TO PRISONER:** A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

**DELAWARE CORRECTIONAL CENTER**  
**SUPPORT SERVICES OFFICE**  
**MEMORANDUM**

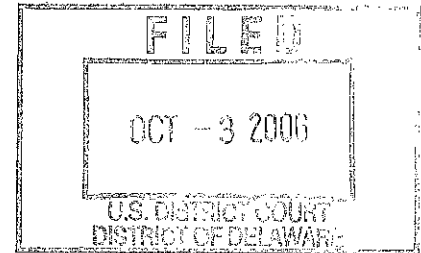
06 - 618

TO: Robert Meades SBI#: 124648

FROM: Stacy Shane, Support Services Secretary

RE: 6 Months Account Statement

DATE: September 22, 2006



P.D. 10/2/06

Attached are copies of your inmate account statement for the months of March 1, 2006 to August 31, 2006

The following indicates the average daily balances.

<u>MONTH</u>	<u>AVERAGE DAILY BALANCE</u>
<u>March</u>	<u>50.50</u>
<u>April</u>	<u>50.30</u>
<u>May</u>	<u>47.34</u>
<u>June</u>	<u>124.89</u>
<u>July</u>	<u>125.16</u>
<u>Aug</u>	<u>112.47</u>

Average daily balances/6 months: 85.14

Attachments

CC: File

Stacy Shane  
9/22/06

Robert Meades  
9/22/06

## Individual Statement

Date Printed: 9/22/2006

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## For Month of March 2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$45.18
00124648	MEADES	ROBERT	R			
Current Location:	17	Comments: QOL3				
Deposit or Withdrawal						
Trans Type	Date	Amount	Medical Hold	Non-Medical Hold	Balance	Trans #
						MO # or Ck #
						PayTo
Medical	3/9/2006	\$0.00	(\$4.00)	\$0.00	\$45.18	232941
Medical	3/9/2006	(\$4.00)	\$0.00	\$0.00	\$41.18	233541
Supplies-MailP	3/10/2006	(\$0.37)	\$0.00	\$0.00	\$40.81	234301
Mall	3/17/2006	\$25.00	\$0.00	\$0.00	\$65.81	238365
Canteen	3/21/2006	(\$10.00)	\$0.00	\$0.00	\$55.81	238897
					0535478553	
						C. MEADS

**Total Amount Currently on Medical Hold: \$0.00**

Total Amount Currently on Non-Medical Hold: \$0.00

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**Individual Statement****For Month of April 2006**

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	MO # or Ck #	PayTo	SourceName
00124648	MEADES	ROBERT	R		\$55.81			
Current Location: 17		Comments: QOL3						
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #		
Canteen	4/4/2006	(\$9.72)	\$0.00	\$0.00	\$46.09	244564		
Canteen	4/18/2006	(\$9.31)	\$0.00	\$0.00	\$36.78	250247		
Supplies-MailP	4/19/2006	\$0.00	\$0.00	(\$0.39)	\$36.78	251487	4/6/06	
Supplies-MailP	4/19/2006	\$0.00	\$0.00	(\$0.65)	\$36.78	251547	4/4/06	
Supplies-MailP	4/19/2006	\$0.00	\$0.00	(\$0.39)	\$36.78	251548	4/4/06	
Supplies-MailP	4/20/2006	(\$0.39)	\$0.00	\$0.00	\$36.39	252833	4/6/06	
Supplies-MailP	4/20/2006	(\$0.65)	\$0.00	\$0.00	\$35.74	252845	4/4/06	
Supplies-MailP	4/20/2006	(\$0.39)	\$0.00	\$0.00	\$35.35	252846	4/4/06	
Mail	4/21/2006	\$25.00	\$0.00	\$0.00	\$60.35	253917	47755293267	C. MEADES
Supplies-MailP	4/26/2006	\$0.00	\$0.00	(\$0.39)	\$60.35	255772	4/18/06	
Medical	4/27/2006	\$0.00	(\$4.00)	\$0.00	\$60.35	256349	4/19/06	
Medical	4/27/2006	(\$4.00)	\$0.00	\$0.00	\$56.35	256436	4/19/06	
Ending Mth Balance:					<b>\$56.35</b>			

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: \$0.00

# Individual Statement

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## For Month of May 2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$56.35
00124648	MEADES	ROBERT	R			
Current Location:	17	Comments: QOL3				
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #
Canteen	5/2/2006	(\$9.97)	\$0.00	\$0.00	\$46.38	258169
Supplies-MailP	5/12/2006	(\$0.39)	\$0.00	\$0.00	\$45.99	263112
Canteen	5/16/2006	(\$9.54)	\$0.00	\$0.00	\$36.45	263884
Canteen	5/30/2006	(\$9.89)	\$0.00	\$0.00	\$26.56	271397
Mail	5/30/2006	\$100.00	\$0.00	\$0.00	\$126.56	271552
					MO # or Ck #	PayTo
						4/18/06
						SourceName
						D. WILLIAMS
					Ending Mth Balance:	\$126.56

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: \$0.00

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**Individual Statement****For Month of June 2006**

<b>SBI</b>	<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Suffix</b>	<b>Beg Mth Balance:</b>	<b>\$126.56</b>
00124648	MEADES	ROBERT	R			
<b>Current Location:</b>	<b>17</b>	<b>Comments: QOL3</b>				
<b>Trans Type</b>	<b>Date</b>	<b>Deposit or Withdrawal Amount</b>	<b>Medical Hold</b>	<b>Non-Medical Hold</b>	<b>Balance</b>	<b>Trans #</b>
Supplies-MailP	6/1/2006	\$0.00	\$0.00	(\$0.39)	\$126.56	273736
Supplies-MailP	6/5/2006	(\$0.39)	\$0.00	\$0.00	\$126.17	274973
Canteen	6/27/2006	(\$10.00)	\$0.00	\$0.00	\$116.17	283557
Supplies-MailP	6/29/2006	\$0.00	\$0.00	(\$3.27)	\$116.17	285629
<b>Ending Mth Balance:</b>					<b>\$116.17</b>	

**Total Amount Currently on Medical Hold: \$0.00****Total Amount Currently on Non-Medical Hold: \$0.00**

Date Printed: 9/22/2006

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**Individual Statement****For Month of July 2006**

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	MO # or Ck #	PayTo	SourceName
00124648	MEADES	ROBERT	R		\$116.17			
Current Location: 17		Comments: QOL3						
		Deposit or Withdrawal		Non-Medical Hold		Balance	Trans #	
Trans Type	Date	Amount	Medical Hold					
Supplies-MailP	7/7/2006	\$0.00	\$0.00	(\$0.87)		\$116.17	288965	
Mail	7/13/2006	\$30.00	\$0.00	\$0.00		\$146.17	291221	
Canteen	7/18/2006	(\$14.83)	\$0.00	\$0.00		\$131.34	292647	
Supplies-MailP	7/19/2006	(\$3.27)	\$0.00	\$0.00		\$128.07	294253	
Supplies-MailP	7/19/2006	(\$0.87)	\$0.00	\$0.00		\$127.20	294498	
Medical	7/27/2006	\$0.00	(\$6.00)	\$0.00		\$127.20	297975	
Medical	7/27/2006	(\$6.00)	\$0.00	\$0.00		\$121.20	298052	
						Ending Mth Balance:		
						\$121.20		

**Total Amount Currently on Medical Hold: \$0.00****Total Amount Currently on Non-Medical Hold: \$0.00**



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**Individual Statement****For Month of August 2006**

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$121.20					
00124648	MEADES	ROBERT	R								
Current Location:		17	Comments: QOL3								
							Deposit or Withdrawal	Non-Medical			
Trans Type		Date	Amount	Medical Hold		Hold	Balance	Trans #	MO # or Ck #	PayTo	
Canteen		8/1/2006	(\$9.97)	\$0.00		\$0.00	\$111.23	299699			
Canteen		8/29/2006	(\$10.09)	\$0.00		\$0.00	\$101.14	311555			
Mail		8/29/2006	\$25.00	\$0.00		\$0.00	\$126.14	311778	0436273893	C. MEADES	
							Ending Mth Balance:	\$126.14			

**Total Amount Currently on Medical Hold: \$0.00****Total Amount Currently on Non-Medical Hold: \$0.00**